

# WE PBIS Think Sheet Referral Form

Student completes top section Think Sheet and takes home for parents to sign.  
 Teacher completes bottom section Referral Form and gives to PBIS Team to add to SWIS  
 (PBIS behavior referrals are not documented in IC)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I am feeling:

					
Angry	Happy	Sad	Sick	Silly	Scared

I chose to:

				
Yell or say bad words	Use unsafe hands or feet	Not listen	Not stay with staff	Not treat others with respect

Next time I will:

		
Be Safe	Be Respectful	Be Responsible

Do I need to apologize? Yes No

Student Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Family Signature: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Action Taken: \_\_\_\_\_

**Problem Behavior: Circle One**

Disruption      Defiance/non-compliance

Physical Aggression      Inappropriate Language

Other: \_\_\_\_\_

**Perceived Motivation: Circle One**

Obtain Peer Attention      Avoid Peers

Obtain Adult Attention      Avoid Adult

Obtain Items/Activities      Avoid Tasks

Other: \_\_\_\_\_



